

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	50544.00010 NVLS 432
First Named Inventor	Thomas M. Pratt
COMPLETE IF KNOWN	
Application Number	Unknown
Filing Date	Herewith
Group Art Unit	Unknown
Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Magnetically Coupled Linear Servo-Drive Mechanism

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

[Page 1 of 3]

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

DECLARATION — Utility or Design Patent Application

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600 Hansen Way

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City	State	ZIP

U.S.A	(650) 856-6500	(650) 856-3619
Country	Telephone	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U S C 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--	---

Given Name (first and middle [if any])	Thomas M.	Family Name Pratt or Surname
--	-----------	--

Inventor's Signature	Date
-----------------------------	------

San Jose	CA	U.S.A.	U.S.
Residence: City	State	Country	Citizenship

c/o Novellus Systems, Inc., 4000 North First Street

Mailing Address	
------------------------	--

San Jose	CA	95134	U.S.A.
City	State	Zip	Country

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any])	Scott D.	Family Name McClelland or Surname
--	----------	---

Inventor's Signature	Date
-----------------------------	------

San Jose	CA	U.S.A.	U.S.
Residence: City	State	Country	Citizenship

c/o Novellus Systems, Inc., 4000 North First Street

Mailing Address	
------------------------	--

San Jose	CA	95134	U.S.A.
City	State	Zip	Country

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → **[+]**

Approved for use through 10/31/2002 OMB 0651-0032

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Craig L.		Stevens			
Inventor's Signature		Date			
Residence: City	Ben Lomond	State	CA	Country	U.S.A
Mailing Address	c/o Novellus Systems, Inc., 4000 North First Street				
Mailing Address					
City	San Jose	State	CA	ZIP	95134
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Kerry		Hopkins			
Inventor's Signature		Date			
Residence: City	Gilroy	State	CA	Country	U.S.A.
Mailing Address	c/o Novellus Systems, Inc., 4000 North First Street				
Mailing Address					
City	San Jose	State	CA	Zip	95134
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City		State		Country	Citizenship
Mailing Address					
Mailing Address					
City		State		Zip	Country

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	UNKNOWN
Filing Date	HEREWITH
First Named Inventor	Thomas M. Pratt
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	50544.00010 NVLS 432

I hereby appoint:

Practitioners at Customer Number
OR

Practitioner(s) named below:

Name/ Registration Number

Marc A. Sockol, Reg. No. 40,823; Daryl C. Josephson, Reg. No. 37,365; Arnold de Guzman, Reg. No. 39,955, Cameron Kerrigan, Reg. No. 44,826; Patrick D. Benedicto, Reg. No. 40,909; David B. Abel, Reg. No. 32,394; Nathan Lane, Reg. No. 43,738; Lorinda Howland, Reg. No. 42,671; Michael Lechter, Reg. No. 27,350; David Koo, Reg. No. 46,839; David Rogers, Reg. No. 38,287; William Bachand, Reg. No. 34,980; Aaron Wininger, Reg. No. 45,229; Paul A. Durdik, Reg. No. 37,819; Paul J. Meyer 47,791; Victoria L. Nicholson, Reg. No. 47,823; and Fariba Sirjani, Reg. No. 47,947.

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Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

1 st Name	Thomas M. Pratt
----------------------	-----------------

Signature	
-----------	--

Date	
------	--

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

SIGNATURE of Applicant or Assignee of Record

2 nd Name	Scott Douglas McClelland
----------------------	--------------------------

Signature	
-----------	--

Date	
------	--

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 2 forms is submitted. Page 1 of 2

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Applicant/Inventor.

Assignee of record of the entire interest See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

3 rd Name	Craig L. Stevens
----------------------	------------------

Signature	
-----------	--

Date	
------	--

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

SIGNATURE of Applicant or Assignee of Record

4 th Name	Kerry Hopkins
----------------------	---------------

Signature	
-----------	--

Date	
------	--

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*Total of 2 forms is submitted. Page 2 of 2